RowanUniversity

Graduate & Post-Bac Transfer Credit Evaluation Form (TCEF)

Any Rowan University applicant or current student requesting a transfer-credit evaluation must complete this form in full and attach any related **college transcript(s)** and **syllabi, including course description(s)**. Submission of official transcript(s) from <u>all</u> colleges attended is an application requirement for <u>every</u> Rowan University program. As long as all official transcripts are included with the application, an *unofficial* copy of the transcript(s) that relates to any requested transfer credits may be attached to this form.

Please note that some programs limit the amount of credit that can be transferred. Policy regarding transfer credit can be found in the catalog: rowan.edu/catalogs.

This form should be submitted with your application and other supporting materials to **registrar-transfercredits@rowan.edu**

Student Name: _____	Rowan (Banner) ID: _____
Street Address: _____	Phone: _____
City, State, and Zip: _____	Program: _____
Email Address: _____	Date of Request: _____

The above named student has requested that the following course(s) be applied to his or her program:

Course Title: _____ Course #: _____ Credits: _____

Institution: _____ Semester/Year: _____ Grade: _____

Approved
❑ Yes

❑ No

Rowan U course for which you believe this course will substitute: **COURSE NUMBER:** _____

COURSE NAME: _____

❑ Transcript showing course above attached? ❑ Syllabus for course above attached? ❑ Current registration for Rowan course?

Course Title: _____ Course #: _____ Credits: _____

Institution: _____ Semester/Year: _____ Grade: _____

Approved
❑ Yes

❑ No

Rowan U course for which you believe this course will substitute: **COURSE NUMBER:** _____

COURSE NAME: _____

❑ Transcript showing course above attached? ❑ Syllabus for course above attached? ❑ Current registration for Rowan course?

Course Title: _____ Course #: _____ Credits: _____

Institution: _____ Semester/Year: _____ Grade: _____

Approved
❑ Yes

❑ No

Rowan U course for which you believe this course will substitute: **COURSE NUMBER:** _____

COURSE NAME: _____

❑ Transcript showing course above attached? ❑ Syllabus for course above attached? ❑ Current registration for Rowan course?

Course Title: _____ Course #: _____ Credits: _____

Institution: _____ Semester/Year: _____ Grade: _____

Approved
❑ Yes

❑ No

Rowan U course for which you believe this course will substitute: **COURSE NUMBER:** _____

COURSE NAME: _____

❑ Transcript showing course above attached? ❑ Syllabus for course above attached? ❑ Current registration for Rowan course?

APPROVALS: *Please be sure to adhere to transfer credit policy for your program and return all included materials with this form to the Office of the Registrar, registrar-transfercredits@rowan.edu.*

_____
Program Coordinator/Advisor

_____
Date

_____
Department Chair

_____
Date

_____
Dean of College where course is housed

_____
Date

Revised 3/9/2025